



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120795		2. Exact name of the limited liability company 1308, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDINGS	
5. Principal office address 1308 Atwood Avenue		City Johnston	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Arthur G. Capaldi		Contact Title Attorney for Process	
Street Address 1035 Main Street		City Coventry	State RI
		Zip 02816	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name David J. Lucier		Manager Name Maria Lucier	
Street Address 1308 Atwood Avenue		Street Address 1308 Atwood Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ARTHUR G. CAPALDI ESQ.		Address	
Address 1035 MAIN STREET		City COVENTRY	Zip 02816-

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person Maria Lucier Date 10/03/05
Print or Type Name of Authorized Person MARIA FELIX LUCIER

File Date 10/4/05 *120795*
Check No. 1407
By: Ce
FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120795		2. Exact name of the limited liability company 1308, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDINGS	
5. Principal office address 1308 Atwood Avenue		City Johnston	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Arthur G. Capaldi		Contact Title attorney	
Street Address 1035 Main Street		City Coventry	State RI
		Zip 02816	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name David J. Lucier		Manager Name Maria Lucier	
Street Address 1308 Atwood Avenue		Street Address 1308 Atwood Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ARTHUR G. CAPALDI, ESQ.		Address	
Address 1035 MAIN STREET		City COVENTRY	Zip 02816-

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 2 0 7 9 5 *

File Date	11/24/04
Check No.	1304
By:	W.
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person Date **11/1/04**
DAVID J. LUCIER
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120795		2. Exact name of the limited liability company 1308, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Professional Office Rental	
5. Principal office address 1308 Atwood Avenue		City Johnston	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name David / Maria Lucier		Contact Title Owners	
Street Address 1308 Atwood Avenue		City Johnston	State RI
		Zip 02919	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT). ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	State	Zip	State
Manager Name	Manager Name	Manager Name	Manager Name
Street Address		Street Address	
City	State	Zip	City
State	State	Zip	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ARTHUR G. CAPALDI, ESQ.		Address LLC	
Address 1035 MAIN STREET		City COVENTRY	Zip 02816-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 1 2 0 7 9 5 *

RECEIVED

File Date
JAN 05 2004
Check No.
BY 40 4926
By:
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Edward S. Inman, III
Signature of Authorized Person

Date

Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120795		2. Exact name of the limited liability company 1308, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Real estate holdings	
5. Principal office address 1308 Atwood Avenue		City Johnston	State RI
		Zip 02919	
Contact Name Arthur G. Capaldi		Contact Title Attorney	
Street Address 1035 Main Street		City Coventry	State RI
		Zip 02816	
Manager Name David J. Lucier		Manager Name Maria Lucier	
Street Address 1308 Atwood Avenue		Street Address 1308 Atwood Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Agent Name ARTHUR G. CAPALDI, ESQ.		Address	
Address 1035 MAIN STREET		City COVENTRY	Zip 02816

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 1 2 0 7 9 5 *

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

8/18/03
Date

David J. Lucier
Print or Type Name of Authorized Person